



STATE OF MARYLAND

# DHMH

Maryland Department of Health and Mental Hygiene  
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**March 27, 2009**

**Public Health & Emergency Preparedness Bulletin: # 2009:11**  
**Reporting for the week ending 03/21/09 (MMWR Week #11)**

**CURRENT HOMELAND SECURITY THREAT LEVELS**

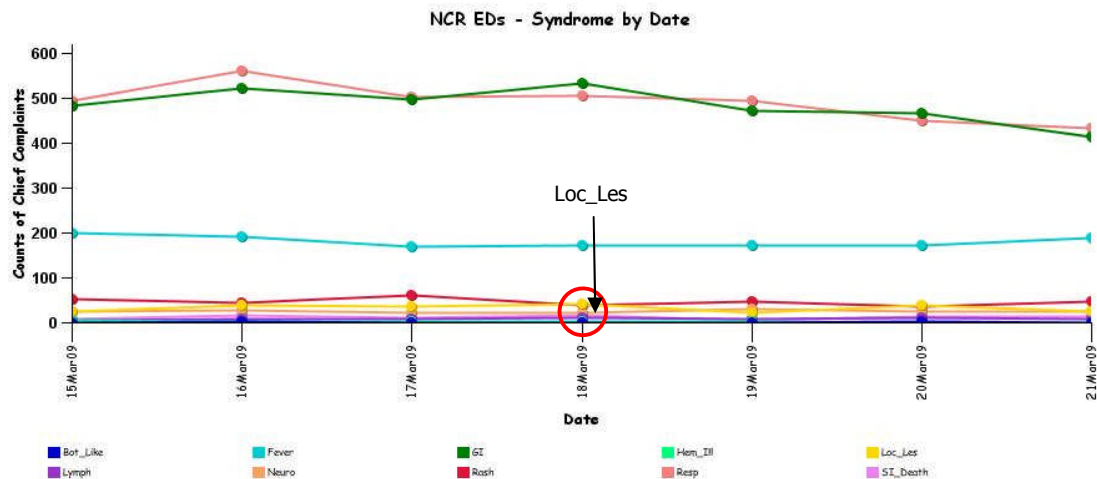
**National:** Yellow (ELEVATED) \*The threat level in the airline sector is Orange (HIGH)  
**Maryland:** Yellow (ELEVATED)

**SYNDROMIC SURVEILLANCE REPORTS**

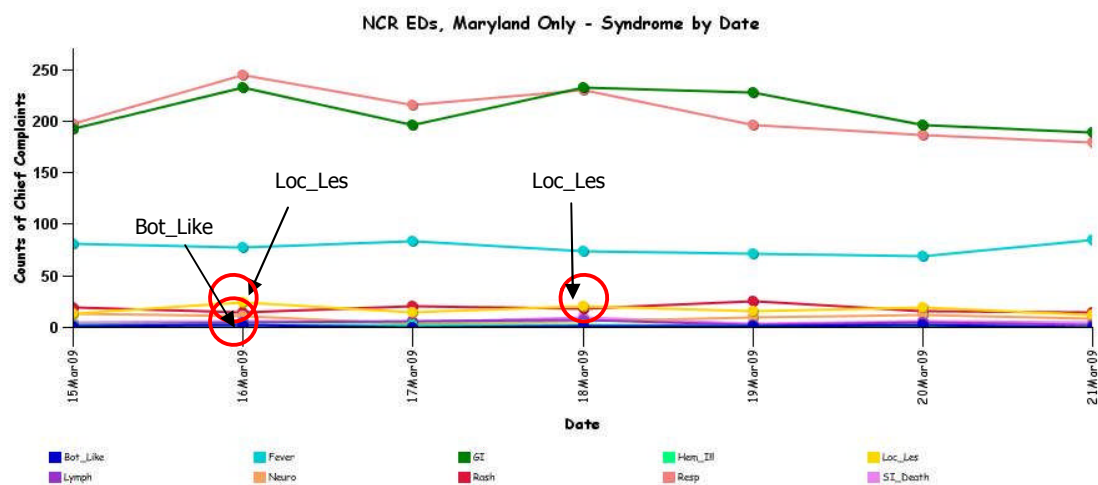
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):**

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

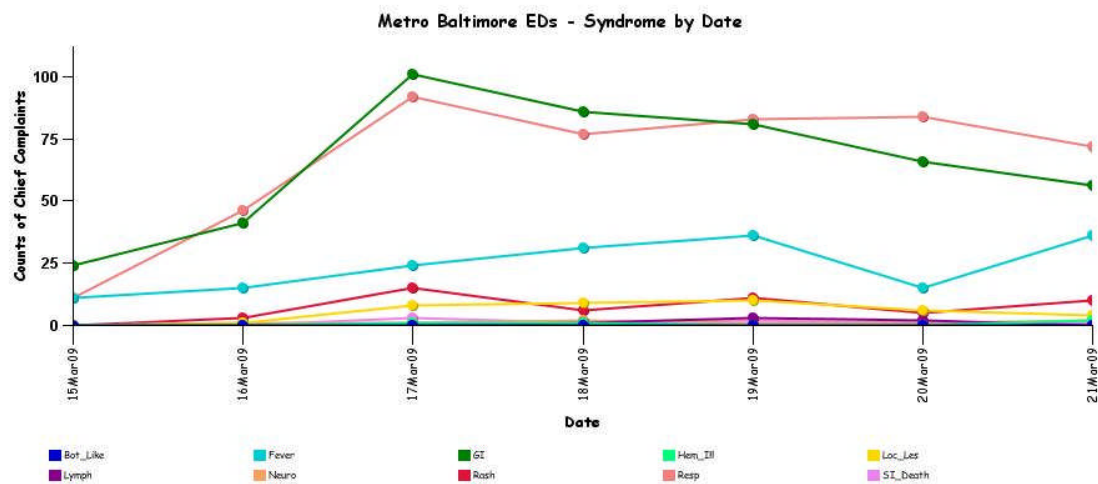
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



\* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system.



\* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system.

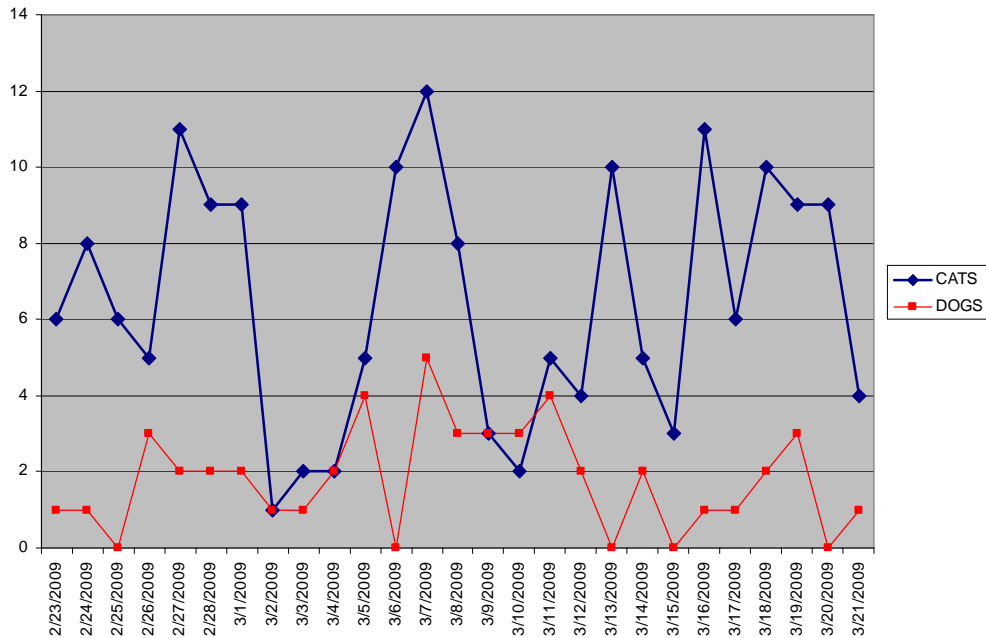


\* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

**\*\*Not all data for Metro Baltimore hospitals was available on March 15-16 due to technical issues\*\***

**BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT:** No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.

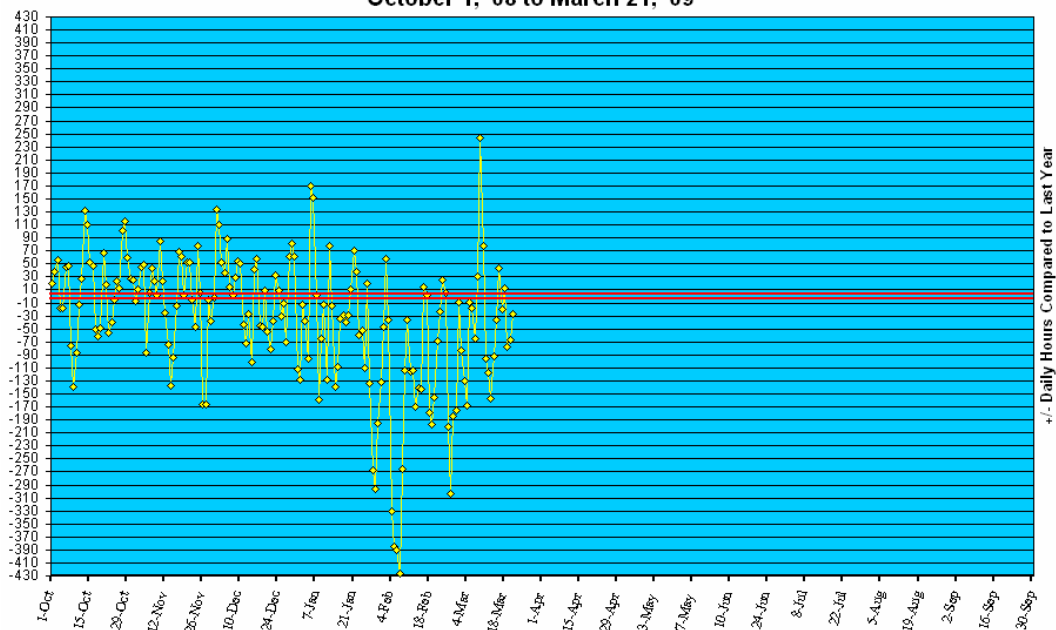
**Dead Animal Pick-Up Calls to 311**



#### **REVIEW OF EMERGENCY DEPARTMENT UTILIZATION**

**YELLOW ALERT TIMES (ED DIVERSION):** The reporting period begins 10/01/08.

**Statewide Yellow Alert Comparison  
Daily Historical Deviations  
October 1, '08 to March 21, '09**



## **REVIEW OF MORTALITY REPORTS**

**Office of the Chief Medical Examiner:** OCME reports no suspicious deaths related to BT for the week.

## **MARYLAND TOXIDROMIC SURVEILLANCE**

**Poison Control Surveillance Monthly Update:** Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in February 2009 did not identify any cases of possible terrorism events.

## **REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS**

### **COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):**

<b>Meningitis:</b>	<b><u>Aseptic</u></b>	<b><u>Meningococcal</u></b>
New cases (Mar 15 – Mar 21, 2009):	6	0
Prior week (Mar 08 to Mar 14, 2009):	10	0
Week#11, 2008 (Mar 09 - 15, 2008):	3	0

### **OUTBREAKS: 6 outbreaks were reported to DHMH during MMWR Week 11 (March 15- 21, 2009):**

#### 3 Gastroenteritis outbreaks

3 outbreaks of GASTROENTERITIS associated with Assisted Living Facilities

#### 2 Rash illness outbreaks

1 outbreak of CHICKENPOX associated with an Organization

1 outbreak of MRSA associated with a Workplace

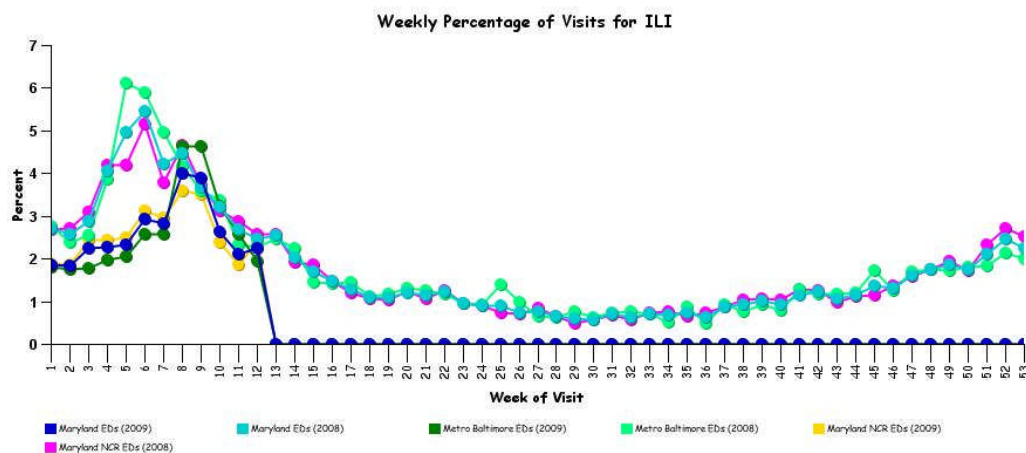
#### 1 Other outbreak

1 outbreak of HEPATITIS C associated with a Dialysis Center

**MARYLAND SEASONAL FLU STATUS:** Influenza activity in Maryland for Week 11 is REGIONAL. During Week 11, 430 confirmed cases of influenza were reported to DHMH.

## **SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS:**

Graph shows the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. This graph does not represent confirmed influenza.



## **PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS**

**WHO Pandemic Influenza Phase:** Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

**US Pandemic Influenza Stage:** Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

\*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at: <http://bioterrorism.dhmmh.state.md.us/flu.htm>

**WHO update:** As of March 11, 2009, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 411, of which 256 have been fatal. Thus, the case fatality rate for human H5N1 is about 62%.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (Viet Nam):** 21 Mar 2009, Veterinarians have quarantined and disinfected hamlet 23 in Chau Hung commune, Thanh Tri district, Soc Trang province, after a female villager suspected of contracting the deadly H5N1 virus died in hospital on Fri 20 Mar 2009. According to Vo Ngoc Linh, head of the Chau Hung commune medical centre, the 26-year-old woman ate sick ducks nearly a month ago. She was admitted to the general hospital of nearby Bac Lieu province on 16 Mar 2009 with symptoms such as headache, exhaustions and coughing. The unfortunate patient died early in the morning of 20 Mar 2009. The result of blood tests will be announced in the coming days. Meanwhile, another suspected case in the southern province of Dong Thap has tested negative for the deadly virus, according to doctors from the Hospital for Tropical Diseases in Ho Chi Minh City.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (Viet Nam):** 20 Mar 2009, A 3-year old Vietnamese boy from Southwestern province Dong Thap of Viet Nam confirmed of being infected H5N1 virus died, a local doctor from the Ho Chi Minh Hospital of Tropical Diseases told Xinhua Thursday 19 Mar 2009. The infected patient died this afternoon because of severe breathing difficulty caused by H5N1 virus tested by the hospital, said the doctor. The boy had been taken to the Ho Chi Minh Hospital of Tropical Diseases on Monday 16 Mar 2009 with symptoms similar to bird flu patients. He contacted with ducks raised by nearby farms before developing bird flu symptoms, said his family member. He is the 4th bird flu patient and the 3rd fatal human case of the virus in Viet Nam this year.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (Viet Nam):** 20 Mar 2009, Doctors suspect a patient hospitalised in Ho Chi Minh City from the southern province of Dong Thap may have bird flu. A 3-year-old boy from the same district in Dong Thap died from the H5N1 virus on Thu 19 Mar 2009.

**AVIAN INFLUENZA, HUMAN (Egypt):** 20 Mar 2009, A woman, age 38, began experiencing fever and headache on 14 Mar 2009. She was admitted to Assiut Fever Hospital and given Tamiflu on 14 Mar 2009. Infection with avian influenza was confirmed on Wed 18 Mar 2009. The woman reported contact with dead and sick poultry. She was reported clinically free and in a good general condition on 18 Mar 2009. The Ministry of Health and Population (MOHP) reported this was the 59th case of highly pathogenic avian influenza in Egypt.

**AVIAN INFLUENZA, HUMAN, SUSPECTED (Indonesia):** 17 Mar 2009, Doctor Suroto Hospital in Ngawi is treating a 2-year-old child allegedly suffering from bird flu, kompas.com reported on Tue 17 Mar 2009. The father of the child said that doctors at Karangjati public health center had transferred his child on Tuesday morning after knowing the patient had contacts with chickens that died of avian influenza virus a week earlier. "Officials from Ngawi Husbandry Agency declared the virus was the cause of the deaths of 30 chickens nearby our home. Three days later, my child suffered from fever and cough," the father said. Doctor Harun Al Rasyid said that he was waiting for the blood examination result from a health laboratory to find out whether or not the patient had indeed suffered from bird flu. "We'll also do an X-ray of the patient's lungs and expect to get the results within the coming days," Harun said. If its proven that the toddler was suffering from bird flu, he added, the Suroto hospital would transfer the patient to Sudono Hospital in Madiun, as it is the only recommended hospital bird flu patient treatment in East Java.

## **NATIONAL DISEASE REPORTS:**

No new outbreaks related to CDC Critical Biological Agents were reported this week.

## **INTERNATIONAL DISEASE REPORTS:**

**ANTHRAX, HUMAN, LIVESTOCK (India):** 20 Mar 2009, Health officials said Friday 20 Mar 2009, 15 people have been diagnosed with cutaneous anthrax in the southern Indian state of Andhra Pradesh over the past week. The outbreak has occurred in some half-dozen villages of the state's Vishakhapatnam district, its medical and health officer, J Sarojini, told CNN. Four of the patients have been hospitalized, with one in critical condition, she said. Health officials are also looking into the cause of one death, she added. The disease has been blamed on infected meat from cows and goats that Sarojini said died recently. However, veterinary experts surveying the district have found no infection among livestock. Health

officials are administering antibiotics in the affected villages. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**EBOLAVIRUS, NEEDLE STICK INJURY (Germany):** 19 Mar 2009, The accidental exposure of a scientist to Ebola virus last week [12 Mar 2009] has triggered a series of teleconferences by Ebola scientists on 2 sides of the Atlantic united around a single goal: to help save the life of their colleague, an unnamed virologist at the Bernard Nocht Institute for Tropical Medicine in Hamburg, Germany, who pricked herself in the finger during an experiment. No approved treatments exist for ebolavirus infection, but at the sessions, researchers and physicians discussed the results from a raft of recent studies, some not yet published, into treatments that could prevent or slow the disease, which has a mortality rate of up to 90 percent. In the end, the patient and her doctor opted not for an experimental drug but for a new type of living vaccine that has never been tested in humans but has been shown in monkeys to help fight the virus even when given after exposure. An injury from a virus-laden syringe often doesn't lead to infection and disease, because the amount of virus entering the body is small. But the researcher's doctors want to reduce the risk as much as they can. Today [18 Mar 2009] was the 6th day after the needle accident, and the small community of ebolavirus researchers has been anxiously following news about the researcher's fate. She is currently doing well, says Stephan Guenther, the head of virology at the Bernard Nocht Institute. But ebolavirus infection can have an incubation period anywhere between 4 and 21 days, which means she could still fall ill. In monkeys, the virus is usually detectable in the blood starting on day 3, 4, or 5, says Boston University virologist Thomas Geisbert, who has more experience than any other researcher with the virus in animals. That may be different in humans, Geisbert stresses, but still, "the chances that she'll be okay are getting better every day." (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**UNDIAGNOSED DEATHS (Nepal):** 18 Mar 2009, A total of 5 persons have died of an unidentified sickness in a village in mid-western Dolpa district. Reports quoting local health officials said several others have been infected with the disease in Chharka village. The area is a 3-day walking distance from the district headquarters, Dunai. Those infected with the unknown disease complained of headache, fever, and cough. Officials at the public health office at Dunai said a team of medics left for the area on Sunday 15 Mar 2009 with drugs, but they have not been able to report back due to lack of means of communication. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

**ANTHRAX, HUMAN, BOVINE (Myanmar):** 17 Mar 2009, March has brought with it the dreaded Anthrax in Burma's northern Kachin State capital Myitkyina. The disease has been killing cattle since early this month. Heads of cattle owned by people in Myitkyina died within 24 hours after they revealed symptoms where the foot trembled, reports in the Myanmar media in exile said. According to veterinary doctors the symptoms of Anthrax are fever, swelling leading to death in animals like sheep and cattle. The disease can be passed on to humans. This has created panic among residents of the capital of Kachin State in Myanmar. The Myanmar regime, however, for possibly the 1st time reacted with some alacrity sending in veterinary doctors and staff to tackle the disease. The veterinary teams are injecting anti-Anthrax vaccines into cattle in villages in and around Myitkyina. Unlike anything that the junta usually does this time, however the veterinary team is visiting each village for the vaccination with the help of village administrative offices, reports added. The junta authorities are, however, going about tackling the disease quietly. It has made no public announcement about the disease neither has it bothered to warn people not to sell meat of cattle dying from Anthrax in local markets. Locals believe that the disease has spread due to weather changes in the state. Farmers in villages are worried stiff and are praying that the regime can control the spread of the disease. They are apprehensive of their cattle dying of Anthrax because many depend on cattle for farm activities like ploughing paddy fields and other crops. (Anthrax is listed in Category A on the CDC list of Critical Biological Agents) \*Non-suspect case

**HANTAVIRUS (Chile):** 15 Mar 2009, A 17-year-old boy from Chile's Region VIII [Bio-Bio] has died from a hantavirus infection, the National Health Institute confirmed this week. The boy passed away on 5 Mar 2009 in a hospital in Concepcion, Chile's 2nd largest city after Santiago. He first began experiencing symptoms of the virus infection on 28 Feb 2009, following a camping trip near Region VIII's Santa Juana, the daily El Mercurio reported. Southern Chile and Argentina are recognized hotspots for the deadly virus, which was first discovered in the early 1950s during the Korean War. Hantaviruses are also present in the United States, Europe, China, Russia, Brazil, and Panama. Humans can contract the virus through contact with rodents and their urine or feces. Dried rodent droppings, which can turn to powder and thus be inhaled by people, are particularly dangerous. The illness usually takes 2 to 4 weeks to incubate and can begin with severe flu-like symptoms. It can eventually cause internal hemorrhaging and major organ failure. So far this year, there have been 8 confirmed cases of hantavirus infection in Chile. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) \*Non-suspect case

#### **OTHER RESOURCES AND ARTICLES OF INTEREST:**

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Maryland's Resident Influenza Tracking System: [www.tinyurl.com/flu-enroll](http://www.tinyurl.com/flu-enroll)

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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